

Report of Focus Groups Parenting Skills and Childhood Obesity

**Prepared for:
Division of Nutrition and Physical Activity
Center for Chronic Disease
Centers for Disease Control and Prevention**

**Prepared by:
Virginia Sublet, Ph.D.
Senior Toxicologist
Oak Ridge Institute for Science and Education**

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Parenting Skills and Childhood Obesity Focus Group Report

I. Introduction

Background: The latest findings from the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey show that more and more children and teens are overweight. Overweight children are at risk for cardiovascular diseases, diabetes, and other serious health problems. The Division of Nutrition and Physical Activity (DNPA), within the CDC's National Center for Chronic Disease Prevention and Health Promotion, develops and evaluates effective interventions to mitigate modifiable risk factors for selected chronic diseases.

The Oak Ridge Institute for Science and Education provides technical assistance to DNPA. DNPA has requested assistance in designing and conducting formative and process research, the results of which will be used to develop culturally-sensitive and effective teaching tools to improve parenting skills with regard to child feeding practices. The tools, a videotape and tip-sheet, will be developed to assist medical practitioners and public health clinics reach parents with messages on parenting, child feeding, and healthy eating practices. To accomplish these goals a study was conducted to assess parenting skills and childhood obesity.

Study Goal

And Objectives: The objectives of the study were to: (1) determine the perceptions, opinions, beliefs, and attitudes of parents regarding healthy eating practices, (2) determine who is responsible for decisions concerning food choices in the home, (3) assess what parents are willing to do to prevent childhood obesity (change their own behavior), (4) assess the incentives that will motivate parents to begin serving more healthy foods to their children, and (5) evaluate the Picky Eater Tip Sheet.

Study

Methodology: Data were collected by means of focus groups. A total of eight focus groups were held four focus groups in Kansas City, Missouri, December 3-4, 2001 and four in Philadelphia, PA December 5-6, 2001. Focus groups were composed of 5-6 people who were selected as the target audience. This research was conducted by professional moderators and held at a professional facility. A Discussion Guide composed of a series of questions and activities was designed to elicit discussion on the subject of interest. Six people were recruited for each group with anticipated participation by a minimum of five people. Although, in Philadelphia one group was composed of three participants and one group of two. Sessions were recorded (audio only), and observers from DNPA and the American Dietetic Association were present. Standard features such as cash incentives and refreshments were provided. All participants were parents of at least one child 3-7 years of age. That parent was active in selecting and purchasing food for the child to eat. Participants were Caucasian and African American. Of the eight groups each set of four was composed of two groups of mothers from traditional families with children 3-7 years, one of mothers from blended families (second marriage

with 3-7 year old children and teenage children), and one group of fathers from traditional families.

Moderator: Virginia Sublet, Ph.D., Senior Toxicologist, ORISE
JoAnn Hairston, VARI

Report Caveats: Qualitative research is intended to provide insight about the perceptions, opinions, beliefs and attitudes of a population segment. These insights are intended to help decision-makers understand some of the conscious and not so conscious thinking behind ideas, concepts, and products. The findings collected from focus groups cannot be projected to a universal population but they can suggest the direction and type of issues that warrant exploration via quantitative measures or long term strategy planning.

Report Overview: This report is a summary of the key findings that emerged from the interviews and is based on notes and information from the tapes. Every element that emerged cannot be presented here. In the interest of supporting the timeframe for DNPA to move forward with the project, this report touches on data gleaned from participants. Audiotapes are available from the sessions.

II. Research Findings

A. Objects that reflect my life as a parent

What life means to me now

Below is a listing of the different objects participants brought to the groups exemplifies their feelings .

Mother and child statue- “This is my emphasis. I am a mother of 4 children right now.”

Snack container and sippy cup- “My child’s favorite snack is Kicks with lots of calcium.”

Boppy Pillow- “This is used for breast feeding. This is all I do. I have a new baby. I have 3 children.”

Cell Phone- “I am always in contact with my home. I have a 4 month old and I am breast feeding.”

Watch- “I am always trying to find a way to manage time.”

Palm pilot- “My whole life is in here.”

Wallet- “This is an expensive time in life. I also brought a Barbie which is my daughters favorite toy.”

Diaper- “I am always changing diapers or doing something with them.”

Coffee cup stand- “This represents all the different jobs I do. I have two boys 4 and 8.”

Baby wipes- “I have four boys and three are under four years old. I use these all the time.”

Calendar- “I have to keep tract of everything we do. I have three children.”

Card- “This card represents my hectic life. I wanted to bring my Zoloft. I have six children.”

Pillow- “I am always tired.”

Cinderella- “This is how I feel like Cinderella. I need a break, some good times.”

Pillow- “I am always tired.”

Penny- “I am always pinching pennies.”

Hat- “I wear a lot of hats in my life.”

Throat Lozenges- “I have five children and this is my whole entity. I feel empty. I do not see the whole me. I am not satisfied with me. I want to work. I have five children.”

Trash bag- “I need to pick everything up. My 7 year old makes a mess.”

Tool- “My child is into everything. He likes different things in toolbox. He never takes a nap. He loves TV.”

Graham crackers- “For my child, snacks are key.”

Ring- “My aunt died on Halloween. She gave me this ring. It is important to have things that remind you of yourself.”

The objects parents brought provide a snapshot of the things that impact their lives. They reflect the passion to be good parents (mother and child statue, coffee cup stand, cell phone, etc.) and the frustration of dealing with children in daily life (wallet, card, trash bag, baby wipes, throat lozenges, pillow, diaper, penny, Cinderella, etc.) The threads of these themes run throughout the focus groups.

B. Mealtimes

1. Mealtimes: The Best and Worst Time

Dinner was both the best and worst time of the day for parents. It was the best part of the day for most participants because dinner was the only meal shared by family members together. It was a time to relax, share good food, discuss daily events, and make plans for the future. In addition, it provided the opportunity to build family memories and the environment to help children develop good manners. In

some families, children participated in meal preparation one time a week. Parents wanted to cook meals that were easy and everyone would eat so that dinner would be an enjoyable event. One father said, “It (dinnertime) makes you feel normal- like the Cleavers.” Overall, dinner was the occasion for families to share food and conversation away from the hectic world.

In contrast, many parents felt dinner was, also, the worst time of their day. It was chaotic and stressful. Children often refused the food they were served, spills occurred, arguments ensued, and little ones wanted to get up and walk around rather than sit and eat. Dinner was often very noisy because of all the talking, coaxing of children to eat, and anger displayed by parents when children would not eat. One parent indicated that she and her husband ate dinner by themselves after their children so they could relax and enjoy mealtime together. Sometimes the food dislikes of older children in the family impacted what younger children would eat (i.e., if the older child refused the food the younger did also). In addition, cleaning up after meals was difficult and compounded when parents had worked all day, were tired, and had to prepare dinner when returning home. When food had to be thrown away this was also an issue for parents because of the money spent to buy the food that was wasted. Below is a table of the representative list of the best and worst things about dinner.

Best Things about Dinner	Worst Things about Dinner
We sit together and discuss the day.	My girls talk until your ears “bleed.”
When they like the food.	When one of my children does not like what I cook.
We eat by ourselves after the kids. We sit with the kids.	My wife works and wants to relax and not be bothered with this.
My daughter cooks dinner one night a week.	We need to get through it so we can relax.
It is one time of the day when we all sit together.	It can be stressful.
It is nice when kids behave.	When the phone or doorbell rings during dinner. This is a distraction.
It is special to eat home because people eat out so much.	When my children don’t want to eat.
It makes you feel normal like the Cleavers.	When my children want to get up and go play.
Bonding.	When the dog begs at the table.
My daughter thanks me for cooking.	Cleaning-up is terrible.
When everybody eats it all.	When I have to cook every night.
When everybody likes it.	When they decide they don’t want it after they wanted it.
When I have the energy to really cook.	When your husband does not want it.
When it is microwaveable that is great.	When spills occur.
It is good when Dad can help.	When I don’t want to cook.
My husband eats with the kids and I go lay down.	When I have dropped the main dish on the floor.
When you don’t have to yell at them to get them to eat.	When kids eat only one thing.
Eating in a restaurant when someone serves us.	When they do not eat their vegetables.
My little girl likes to help me cook.	When you make them eat something. that is not good. but you make them eat it anyway because you made it.
Conversation.	Mealtimes are very loud.
When most of the food ends up in their mouth.	When you aren’t all together.
When someone else offers to clean up.	When someone cries through the meal.

I cook something they like.	When my children pick over their food.
They come when they are called.	Meals before sporting events.
Holidays.	Kitchen is a mess.
Everyone is getting along. There is something they like to eat.	Daughter trying to cook
Joking and playing.	When I get a call from a teacher.
Eating.	When the dolls have to come to the table.
Relax with food together.	When my 3 year old tries to feed herself.
Love to eat good food.	Kids are not eating and I am complaining.
Homemade food from scratch.	Wasting food- take what you want but eat it.
Homegrown and homemade food.	When kids play with their food.
Conversations.	The attitude kids develop.
Pizza night.	Arguing about everything.
	TV takes away communication time.
	Fussy eaters- don't want to eat what you serve.
	Pre-manners stage- when do we insist that she use a fork.
	She wants to do it herself.
	Scrubbing the dishes and grill.
	Having an argument- shouldn't even eat, just put food away.
	Stress- a rough day, bad mood, sassy kid.

2. The Role of Parents in Food Decisions

Parents saw themselves as the leader in charge of the family, the decision-maker, “the food enforcer”. They wanted the right things for their children and had basic awareness of the healthy foods to serve. A few fathers were not very knowledgeable of what would be considered healthy food.

Parents felt their responsibility was to make a nutritious meal, get everyone to sit down, to eat properly, and to eat enough food. Some indicated that the choices their children made now would pay off down the road and that learning to eat right was training for the future.

Most realized that their children did not always eat the most nutritious meals for various reasons and many worried about the immediate and future consequences of this. They wanted their children to eat more healthy foods and try new things.

3. Who Decides What Will Be Served at Mealtime

The participants in all groups made the majority of the decisions as to what would be served at mealtimes. In several instances spouses decided together what would be served. Sometimes both parents shared in the cooking at home.

Many participants included their older and younger children in the decision because they wanted to cook something that their children would eat. Sometimes they asked the children what they would like but made the final decision themselves. Teenagers, however, seemed to have a significant impact. Occasionally, a parent indicated that he/she just gave his/her small child whatever was asked for because the child was such a picky eater. One person mentioned that they had a “fend night” in their home when

they could not think of what to eat or were not in the mood to cook. In this case the husband and wife fixed what they individually wanted and made whatever their children wanted. They also have a “core night” where they cleaned out the refrigerator and ate the leftovers.

There was not much influence from other caregivers except in the instances where the child ate breakfast or lunch not prepared by a parent. It did not appear that any of the children were in a full-time day care situation. Sometimes a grandparent influenced what was served by cooking a meal but that was seldom the case. At breakfast and lunch children have much more input into what will be served. These meals usually involve only the preschool children at home.

Examples of Comments were:

“ I make the shopping list and put everybody’s favorites on it- I try to keep it that way and that keeps the blame off me.”

“ My child has a massive influence. If she wants something I make it. She wants fish sticks, macaroni and cheese, hamburgers, fish fillets, pizza. I am so happy to see her eating that I don’t care.”

“ I make something that everybody wants. I have learned this over time.”

“Teenagers do have an impact. My 16 year old cooks. She makes mother-in-law stew. It gives me a night off.”

“My little one has influence at lunch because she wants macaroni and cheese and I make it.”

“Yes, I know what they like and what they don’t and I make what they like.”

“We work together. It differs.”

4. Who Decides When To Eat Fast Food

Fast foods were definitely part of family mealtimes. When meals had not been preplanned or when the spouse in charge of the cooking was tired families often ended up eating fast food. Also, on the way to daycare, after school on the way home or when parents were running errands they often stopped for fast food for their children due to the convenience and pleasure. Parents estimated that this occurred about once or twice a week. In addition, most participants said they go out for fast food on weekends. Much of the time the particular fast food restaurant selected was based on the toy the restaurant was offering because if children saw a commercial on TV they wanted the toy.

Comments were:

“When I pick my son up from school we may go to Burger King to get motzarella sticks.”

“My children love McDonald’s. If I am near to McDonald’s near to 11:30 AM I will go through at least once a week before I put him down for a nap.”

“When I forget to leave something out before I leave for work.”

“Saturday night is fast food night. We all take turns deciding what we are going to eat. That is most weeks but during holidays it is a little less because we all work so much. It is a family decision and we all take turns.”

“The majority of the time it is my wife. I am gone three nights a week and when I am gone my wife goes for fast food. We stay at home more on the weekend.”

“The fast food thing is controlled a lot by the toys. My child needs every Barbie and Beanie Baby toy that there is and she has them all. I have clogged arteries because of it but she is happy.”

C. Exploring Family Mealtime Habits- Projective Technique

The following were the results of the projective technique exercise:

Parenting with Small Children- Kansas City

	KC- C, F, T “Balancing Happy Chaos” The One Man Band A Million Things at Once	KC- C, F, B “Family Life 24/7”	KC- C, M T “It’s a Wonderful Life”	KC- AA, F, T
How I feel as a parent	<ol style="list-style-type: none"> 1. Blessed 2. Very tired and hard working but happy that I’m home caring for my kids 3. Tired, happy, blessed 4. Content 5. Tired 6. It is the best part of my world 7. Proud 	<ol style="list-style-type: none"> 1. Fulfilled 2. Proud and “tossed” 3. Happy and loved 4. Tired and happy 5. Happy would not have it any other way 	<ol style="list-style-type: none"> 1. Good 2. Fulfilled 3. Would not have it any other way and feel sorry for people who do not go through it. 4. I love being a Dad 	<ol style="list-style-type: none"> 1. Good 2. Great job 3. Blessed 4. Impatient 5. Sometimes overwhelmed 6. Busy
My living conditions	<ol style="list-style-type: none"> 1. Casual-comfortable 2. Comfortable and kid friendly 3. Very hectic- 2 yr old always cleaning up but wouldn’t want to be anywhere else 4. Comfortable chaos 5. Kid rooms everywhere 6. Comfortable hectic 7. Kid friendly 	<ol style="list-style-type: none"> 1. Cozy 2. Crazy 3. Sometimes too close, sometimes not close enough 4. Chaos 5. Getting smaller everyday 6. Organized and neat- I like things in order. 	<ol style="list-style-type: none"> 1. Hectic- sometimes unorganized 2. Improved 3. Excellent 4. Nice home 5. Great, fast paced, busy in the evening 6. I just cleaned, toss, reorganize 	<ol style="list-style-type: none"> 1. Sometimes hectic 2. Great 3. Ok not ideal 4. Surviving 5. Busy 6. Want to move as soon as possible
Things I am doing	<ol style="list-style-type: none"> 1. Everything 2. Taking to school, reading to kids, getting snacks, explaining, nursing, listening and watching what kid says and shares 3. Ref 4. Feeding children and changing diapers 5. Work, chores, cleaning, teaching 6. Feel like I am in the kitchen all day getting drinks, snacks, fixing dinner doing art projects, play doh, doing laundry 	<ol style="list-style-type: none"> 1. Orchestrate my day 2. On the go 3. Everything 4. Making sure my kids are loved and taken care of 5. Working and running 	<ol style="list-style-type: none"> 1. House husband duties. 2. Getting kids a bath and to bed. 3. Cleaning 4. Working, TV 5. Enjoying the meal and the company 	<ol style="list-style-type: none"> 1. Getting out of the house 2. Taking quiet time 3. Making sure everything is done 4. Shopping 5. Everything 6. Twenty things at a time.

	KC- C, F, T “Balancing Happy Chaos”	KC- C, F, B “Family Life 24/7”	KC- C, M T “It’s a Wonderful Life”	KC- AA, F, T
My feelings about food	<ol style="list-style-type: none"> 1. I love food 2. Torn at times 3. Love hate relationship 	<ol style="list-style-type: none"> 1. I like to eat 2. Fun, creative, messy, holidays are best. 3. Takes longer to make them eat 4. Necessary- sometimes I wish they did not have to eat 3 times a day and snacks 5. Comfort 6. You have to eat to survive 	<ol style="list-style-type: none"> 1. Love to eat! 2. Take it or leave it attitude a lot 3. Nutrition vs easy 4. Love food 5. Making sure kids get enough and the right kinds of food 	<ol style="list-style-type: none"> 1. Comforting 2. Love variety 3. Have to, to keep from getting sick 4. Have to eat to live 5. Have to satisfy
My feelings about feeding my family	<ol style="list-style-type: none"> 1. A time to be together and share 2. Very important gives them the sources they need to help them grow 3. Important 4. Paving the way for good nutritional habits 5. Good about providing nutrition feel good about setting a good example 6. One of my favorite tasks an opportunity for one on one 	<ol style="list-style-type: none"> 1. Want something that I make and everyone happy 2. Feeding time at the zoo- loud 3. I need a new recipe-they are picky and I am tired of the same thing 4. Is this good for them 5. Drives me crazy 	<ol style="list-style-type: none"> 1. Responsible 2. Eat your fruit and veggies 3. Hoping they eat well 	<ol style="list-style-type: none"> 1. Feels good to satisfy my family 2. I like to feed them but not on Thursday’s 3. They have to eat 4. Glad that I am able to provide for my family 5. Somebody has to do it 6. That’s how I show love
The role of dinner in family life	<ol style="list-style-type: none"> 1. Family times, prayer time, rituals 2. A time for togetherness 3. Communication, fun, learning (manners, how to cook) 4. A time to be together 5. A time to be together as a family and share about our day- talk time 6. “Feels” like we are family when we are all together at the table 	<ol style="list-style-type: none"> 1. Time together 2. Togetherness and sharing 3. It makes me think of my childhood 4. Important 5. Full of information 6. Time to share our thoughts, days, and activities 	<ol style="list-style-type: none"> 1. Sometimes too fast 2. Important 3. Traditional 4. Bonding 5. “Can I be excused” 	<ol style="list-style-type: none"> 1. Time to catch up on the day’s activities 2. Time together as family and reviewing the day 3. Best time 4. Family time 5. We talk 6. Nutrition
Foods Typically Eaten	<ol style="list-style-type: none"> 1. A lot of variety. I like to try new things 2. Crock pot meals or casseroles- green beans, rolls, milk, desert-pudding 3. Chicken 4. Grilled chicken, pasta, vegetables 5. Chicken. pasta, bread 6. Pasta, cheese, vegetables, fruit, meat 7. Pasta, carrots, apples 	<ol style="list-style-type: none"> 1. Quick- sloppy joes, hamburgers, meatloaf, Italian foods 2. Ethnic- Mexican, and Chinese are favorites 3. Steak, potato, veg 4. Mexican, Italian- lots of pasta, Chinese 5. Mexican, Chinese, roast and potato 	<ol style="list-style-type: none"> 1. Pasta, chicken, beef 2. Steak and pizza 3. Chicken and rice 4. Tacos and chicken 5. Mexican food and spaghetti 6. Lots of grilled foods- chicken, steak or port 	<ol style="list-style-type: none"> 1. Baked meats and vegetables 2. Chicken 3. Chicken 4. Corn 5. All basic food groups 6. Lots of chicken and ramen noodles

Parenting with Small Children- Philadelphia

	P- AA, F, T Staying Alive	P- AA, F, B My Way or the Highway	P-AA, M, T	P- C, F, T
How I feel as a parent	<ol style="list-style-type: none"> 1. I want my kids to feel comfortable about themselves 2. I am a nurturer and teacher- trying to give my children the best possible start 4. I feel happy and I feel blessed 5. I just love my children. I would be lost without them 	<ol style="list-style-type: none"> 1. Wonderful 2. Overworked 3. Tired 4. Blessed 5. Feels great 	<ol style="list-style-type: none"> 1. Fulfilled sometimes insecure 2. Proud but overwhelmed 3. Great to be a Dad to give something back to the world 	<ol style="list-style-type: none"> 1. Happy, love teacher, my word 2. Love being one and feel very fortunate to be one most challenging, exciting, and rewarding thing I have ever done
My living conditions	<ol style="list-style-type: none"> 1. Organized and planned 2. Organized not planned 3. Comfortable and safe 4. Relaxed, clean but sometimes cluttered 	<ol style="list-style-type: none"> 1. I love my house 2. Clean and in order 3. Quiet after bedtime 4. Very quiet and peaceful 5. Warm, relaxing happy 	<ol style="list-style-type: none"> 1. Moderate 2. Peaceful and relaxed 3. Joyful and blessed 	<ol style="list-style-type: none"> 1. Very good, warmth, a lot of decoration for Christmas, big yard, Pets, Garden gazebo 2. Very good, lots of light, fresh air, privacy, view modest in scale but with all the right amenities
Things I am doing	<ol style="list-style-type: none"> 1. Working too hard 2. Very busy teaching my girls and chasing my son. 3. My best sometime I'm not relaxed 4. Preparing the meals 	<ol style="list-style-type: none"> 1. Answer phones- cleaning up, cutting off fire bells 2. Wake-up calls over and over again 3. Cleaning, preparing meals, hollering at someone, dancing, laughing 4. 7 things at once 5. Picking up, handling return calls, preparing meals 	<ol style="list-style-type: none"> 1. Working to make a great life 2. Seeking and asking questions 3. Striving to make a family with love and joy 	<ol style="list-style-type: none"> 1. Cooking, baking, cleaning, homework, washing 2. Making breakfast, laundry, taking Neva to library or park, food shopping, cleaning, cooking, baking, gardening
My feelings about food	<ol style="list-style-type: none"> 1. Love it 2. I love to cook it and eat it 3. I enjoy the wrong things more 4. It must fill be up and taste good 	<ol style="list-style-type: none"> 1. Relaxing 2. Great 3. Enjoy what we eat 4. Great 	<ol style="list-style-type: none"> 1. I enjoy different type of food but eat in moderation 2. Love to eat and love to see people eat 3. Love 	<ol style="list-style-type: none"> 1. Like to serve foods that are enjoyed as well as good for you 2. Most important physical thing in our family life. Lots of time spent planning, shopping, growing, preparing and cleaning up after 90% of meals are made at home-my husband calls me a "foodie"- I get food and cooking mags and cook books from the library

	P- AA, F, T	P- AA, F, B	P-AA, M, T	P- C, F, T
My feelings about feeding my family	<ol style="list-style-type: none"> 1. One of the ways I express my love. 2. Love 3. Too easy with what we want not what we should have 4. I love to feed my family 	<ol style="list-style-type: none"> 1. Trying to prepare a good meal 2. Keep it balanced and simple 3. I would not undo a thing 4. Happy 	<ol style="list-style-type: none"> 1. Responsible as head of household 2. My job to make sure we eat right. 3. Responsible 	<ol style="list-style-type: none"> 1. Love, difficulty, pride, creativity 2. I hope they eat their vegetables
The role of dinner in family	<ol style="list-style-type: none"> 1. Always but what 2. A must 3. Catch up time 4. Primary cookers 	<ol style="list-style-type: none"> 1. A must for all who reside there to come to together 2. Living for the weekend 3. The time when my family comes together. 4. Open forum, family time, making plans 	<ol style="list-style-type: none"> 1. Primary 2. Key element 	<ol style="list-style-type: none"> 1. To be together, eat good foods, be thankful to God for our food (Grace) 2. When we are all home a nice thing to share and a time to just sit eat and be together. Although we don't all have dinner together every night it is an important part of our past and present family life
Foods typically eaten	<ol style="list-style-type: none"> 1. Baked chicken and broccoli 2. Chicken and macaroni and cheese 3. Chicken broccoli. They like oodles of noodles 	<ol style="list-style-type: none"> 1. Fried chicken 2. Fried fish , coleslaw, fried potatoes, onions, soda 3. Chicken breast broccoli, rice, potatoes, juice, kool-aid 4. Chicken and macaroni and cheese 5. Italian or soul foods 	<ol style="list-style-type: none"> 1. Vegetables, fish, chicken 2. Southern fried chicken, stuffed flounder, meatloaf, baked ziti 3. Meat, starches, can goods 	<ol style="list-style-type: none"> 1. Chicken, fruits, roast, potatoes, cereal, yogurt, hamburger, pizza, eggs, pretzels, popcorn, coffee, oj, kool-aid. 2. Lots of pasta and salads, pancakes, French toast, fruits, vegetables, cereal, popcorn, pizza, rice, graham crackers, soy milk, coffee

T = traditional
 B = blended
 M = male
 F = female
 AA = African American
 C = Caucasian

Parenting with Small Children Responses

When parents tried to title their work sheet for this exercise they came up with “Family Life 24/7”, “Balancing Happy Chaos”, “It’s a Wonderful Life”, “Staying Alive”, and “My Way or the Highway”. Most of these helped visualize the busy, wonderful, and hectic life that parents lead. In general, parenting brought a whole different dimension to life that was wonderful. Most were quite happy with their living conditions though sometimes they were crowded by all the things and toys small children need. Parents felt they were overwhelmed. They were doing a dozen things at once and life was very

hectic. They viewed food as a comfort and joy. Feeding their families was a way to show their love, responsibility, and creativity. A summary of responses is provided below

How I feel as a Parent

Parents felt blessed, tired, content, best part of my world, proud and tossed, happy, loved, food fulfilled, impatient, overwhelmed, busy, nurturer, wonderful, great, great to give something back, and most challenging and rewarding thing I have ever done.

My Living Conditions

Words to describe the living condition of participants were causal, comfortable, very hectic, comfortable chaos, kid rooms, cozy, too close, improved, excellent, nice, surviving, busy, want to move, organized, relaxed, cluttered, moderate, and very good.

Things I am Doing

Participants felt that as a parent they were doing everything, feeding, changing diapers, working, cooking in the kitchen all day, making sure kids were loved, bath, bed, house husband duties, getting out of the house, quiet time, shopping, twenty things at a time, working too hard, preparing, teaching, wake-up calls, answering phones, cleaning, 7 things at once, picking up, cooking, going to the library, and serving food.

My Feelings About Food

Parents said they love food, are torn at times, have a love-hate relationship, find it fun and creative, took longer for them to eat, necessary, comfort, nutrition versus easy, making sure kids get good food, enjoy the wrong things more, fill me up and taste good, enjoy what we like, eat in moderation, and love to cook husband calls me a “foodie.”

My Feelings About Feeding My Family

Parents said it is a way to express my love, too easy with what we want not what we should have, love to feed my family, balanced and simple, happy, responsible as head of the house, my job to make sure we eat right, love, difficulty, pride, creativity, time to be together and share, pave the way for good nutritional habits, one on one time, want everyone happy with what I make, is this good for them, eat your fruit and vegetables, hoping they eat well, and feels good to satisfy my family.

The Role of Dinner in Family Life

Participants described the role of dinner as family times, prayer time, rituals, time for togetherness, communication, fun, learning, feels like we are a family when all together, important, full of information, time to share our thoughts, bonding, can I be excused, sometimes too fast, time to catch up, best time, we talk, nutrition, a must, open forum, key element, and important part of life.

Foods Typically Eaten

Families typically ate baked chicken, broccoli, macaroni and cheese, noodles, fried chicken, fried fish, coleslaw, fried potatoes, onions, soda, rice, potatoes, Italian, soul foods, fish, stuffed flounder, meatloaf, baked ziti, meat, canned goods, fruits, cereal, yogurt, hamburger, pizza, eggs, pretzels, popcorn, coffee, OJ, kool-aid, pancakes, French toast, graham crackers, soy milk, crock pot meals, bread, carrots, apples, sloppy joes, Mexican, Chinese, roast, steak, tacos, corn, and ramen noodles.

D. Assessing Behavior Patterns and Circumstances that Lead to Obesity in Children

1. Content of Meals

The majority of parents were concerned about the content of the meals their children ate. A few parents felt that their children ate healthy foods. Some parents said they made healthy foods but their children did not eat them. Others made what the child likes for dinner so the child would eat. Sometimes parents had differing opinions about what food should be served in the household. In one family the father did most of the cooking but worked several nights a week. During these times his wife would take the kids out for fast food. He would buy and serve the healthy food and she would take the kids out for fast food or buy sugar foods at the grocery store. A number of parents were concerned about the outside food influences as children got older.

Parents related:

“Healthy is key. If they do not eat healthy as a kid they don’t eat healthy when they grow up.”

“It was healthier when she was littler. I tried hard for the first two years. Once they find out about the other foods like candy, McDonald’s it is harder to get them to eat the foods they ate as a baby.”

“I am worried about my daughter. She is 17 and still eats cereal all the time.”

“My daughter is ten and she weighs 100 pounds. They are big eaters but she is solid.”

“I cook a full breakfast on Saturdays and Sundays with grits, pancakes, eggs, potatoes, meat.”

“Establish good eating habits. I am big about when we sit down you eat and do not come back in 40 minutes to eat. I got my kids hooked on clementines and they eat them whenever they want. My kids really like to sit down for a meal.”

“It is hard to get your kids to eat properly. My daughter will not touch an apple. She will eat carrots sticks.”

“For me I am not a nutritionist. I let my daughters eat what they want. No one has any problems. They are chubby. Sometimes I feel guilty about what I buy and what my kids eat.”

“My kids get all the food groups as long as they are home.”

“I feel guilty. I feel I am not feeding them nearly as well as I should. I worry about them when they are older. I worry we are harming them by not feeding them as many things as I should.”

“When my wife goes to the store she buys all the sugar stuff. I ask her not to buy the stuff but she does not listen.”

“My kids are pretty good eaters and I let them have donuts sometimes for

breakfast. I don't beat myself up if they have cookies or cakes in the afternoon. I love to bake."

Adding Fruits and Vegetables

Parents wanted to increase the healthy foods served at mealtimes. Most parents wanted to add fruits, vegetables, and water to their children's meals (but a few said they were pretty satisfied with what their children ate). This desire for more produce in meals was limited somewhat by the cost of these foods, the time it takes to cook them, and the fact that they did not want to have to throw food away if their child would not eat the fruit or vegetable they served. Fruits were by far the easiest food to add to meals as most children like fruit and the variety available makes it plausible to get good products at most times of the year or to use canned fruits in creative ways.

Increasing vegetable and water intake were much more difficult tasks for parents and many indicated that creativity was helpful in getting their children to eat vegetables and drink water. A number of factors influence how readily children are willing to eat familiar or new vegetables at meals. Sometimes children liked vegetables when they were younger but decided they did not like them as they got older. They might refuse to try a new vegetable because of the way it looked or smelled. Older children often had a negative impact on younger children eating vegetables. In a few cases children made themselves ill to avoid having to eat the food served. One parent said her children actually gagged on green beans at the table and she was not sure what to do. In addition, some children were very finicky about foods touching each other on the plate so mixing vegetables with meat or other foods was not possible. Some parents found that they could sneak or disguise vegetables in pancakes, potpies, other dishes or in cheese sauce to get their children to eat more of them.

Parents also suggested the addition of water to their children's diets. Soda or juice were common drinks in many homes. Many parents thought it would be good to decrease soda or juice drinks because water is supposed to be so healthy. One parent rotated drinks between milk, juice, and water so that the children got a variety. In some homes soda had become familiar to small children and they knew where the soda was in the refrigerator so that they could help themselves. One parent related that his/her child loves the refrigerator because it dispenses the water so this was a somewhat creative way to get his/her child to drink water. Other parents said they often add water to fruit juice so the child does not get so much of the juice. Increasing milk in children's diets was also mentioned as important.

"My kids will eat some fruit but they do not like anything mixed. My kid wipes off his fork before he will eat another food. Two of my kids just gag with green beans. Now we put two beans on their plate. I worry about them long term. I work on lunch at school and they throw out so much good food."

"My little girl does not care for milk except with chocolate or strawberry or in ice cream."

"My kids drink kool-aid and milk but rarely water."

"My kids love water because of the refrigerator where the water comes out."

"I snuck peas into her macaroni until she asked me to stop. She eats them frozen as a snack."

“I want to add more fruits and vegetables but you’ve got to pick your battles. Sometimes kids don’t think it is cool.”

Removing Foods

Foods that parents would like to remove from their children’s diet were chips, cheese curls, cheetos, hot chips, candy, cakes, cheese, cookies, juice (Hawaiian Punch), French fries, gold fish crackers, snack crackers, canned ravioli, ice cream, fizzy sip, hot cheetos, deserts, and potatoes (currently served every night). Although parents realized these items were not the best for their children, they still bought them and brought them home. Parents often bought these foods for themselves and then their child started eating them as well. Older children had the opportunity to buy these foods outside the home.

Pertinent comments:

“Remove potatoes. My husband has to have this. My kids don’t like French fries but my husband has to have them. This is my pet peeve.”

“Take out cheese, cheetos, canned ravioli, juicy things, fizzy sip, hot chips, hot cheetos.”

“The more my daughter eats when she is younger the more she will carry on as she gets older.”

“My daughter loves gold fish and little snack crackers and pretzels. I don’t know if that is junk food.”

“We bake our French fries and that is not so bad.”

“For me so much candy. It’s hard to control, she gets into from so many different sources.”

“Chips and cheese curls. I can’t take away candy.”

“We have desert every night. My kids have big bowls of ice cream with topping.”

Recent Changes in Foods

Parents had not made any major changes in the foods served at home in the last month or two. One father said he had changed his eating in the last six months, because his cholesterol was high so he stopped buying things that contribute to this problem. As a result, he started fixing more healthy foods. Another parent indicated that she felt they had added unhealthy foods recently in her home. Pregnant mothers tended to make easier meals because they became easily tired. As a result, meals were not as nutritious as they thought they should be. One woman said she had to cook healthy food because her husband is a talk show host of a show concentrating on health. Another participant indicated that she is concerned because her child hides food in her room. Still someone else said she was trying to add more vegetables to meat because she was concerned that her family eats a lot of junk food.

2. How to Change the kind of Meals Eaten

Participants knew that if you preplan and buy accordingly that you could change the meals your children eat. If you did not have the wrong food in the house they would not eat it unless they got it from outside the home.

The prime problems associated with buying more healthy foods were the time to fix new foods, the cost of the item, and not wanting to throw away foods. All had a big impact on offering healthier meals. Other things that impact serving more healthy foods were the unavailability of foods in their home or the grocery store. Parents were very aware that if you did not have the nutritious foods you could not make nutritious meals. Fast foods also had an impact in preventing healthier foods because these restaurants have few foods which are nutritious.

Comments were:

“Shop differently. Buy what they should have not what they like. I don’t give my child money to buy when she is gone. I do not eat processed food. I just never liked it.”

“We have fruits and vegetables in the summer and junk in the winter.”

“It takes a long time to make a good bowl of soup.”

“There is nothing nutritious at McDonald’s. They have those salad shakers. Wendy’s has a potato.”

“I want something that tastes good fried chicken, macaroni and cheese. It is easier to fry than to bake. I feel happy when I smell grease and think of corn bread.”

“If it[the food] is available but expensive [that could be a problem]. It might be something they will not eat so why waste your time and money. If they will not eat it I do not make it.

“My meals are crock pot or quick meals that I can do quickly. I cannot do stir fry. I just do not have the time.”

“Since I am pregnant I been doing a lot of canned soup with sodium.”

Soda Drinking

Many parents routinely bought soda and brought it home. In this case, sometimes the child also drank the soda. Sometimes soda was reserved for adults only. Some parents did not buy soda at all but allowed their child to order it when they went out to dinner. Participants who liked soda said maybe a bad health problem might make them stop buying it.

Parents related:

“My husband likes it- he does not drink beer, so we have sodas. My daughter sneaks it but my son will drink a variety of things.”

“I would like to eliminate soda from my daughter’s diet. My sister gave me 3 12 packs. I wish I could figure out how to hide it.”

“Take away my husband’s clothes or car. ” [the only way to stop bringing it in the home]

“My son is drinking too much soda. He used to grab juice but now he is drinking too much soda. If he is drinking too much soda then I will stop it.”

“They would have to stop making it or I would have to have a doctor tell me this is really affecting my health.”

“If there was something deadly about it I would stop buying it.”

“I had a friend who had colon cancer. His doctor told him the dark sodas cause colon cancer and now he drinks Sprite.”

“I don’t drink or smoke but I drink soda.”

“Soda is so easy to access. You don’t have to prepare anything.”

“Water is the health drug right now.”

“My husband has to have it. I’d have to divorce him to stop having it in the house.”

Chips

A lot of parents said they had chips in the house. If parents liked the chips they felt that they would have to have a major health crisis or the company would have to stop making the product to get them to stop buying these high-caloric, high-fat foods. Some parents related that they did not buy such items but their spouse did and often ignored comments to stop buying these unhealthy foods. In one case, the respondent said when her husband comes home it is late and a bag of chips is the only thing that he eats before going to bed. In households where chips were not a particularly important food the participant said they could just stop buying these foods.

Participants said:

“A doctor putting his thumb down and saying hey dude you are going to go.”

“Health issues would make me stop.”

“It would have to be something terrible for me to stop buying it.”

“We might have a bag of chips in the house for a month.”

“Not a problem for me but my husband buys them. It would be difficult to get him to stop.”

“I tried it with the baked stuff but my family went right back.”

“We do not have chips.”

“I could do it but my husband eats them. He even goes to the store to get them. I don’t buy them for my kids.”

3. Snacks

Although it was apparent that many parents knew the right foods to serve to their children, they often did not follow this route. Everyone had snacks available for children. Some had children that snacked all day, some received snacks at regular times (mid-morning, mid-afternoon, mid-evening). Snacks were fruit roll ups, fruits, cheese and crackers, peanut butter and crackers, cheese and crackers, carrots and dip, apples and peanut butter, hot chips, cheetos, etc. Snacks were often a combination of healthy and unhealthy foods. For example, children liked finger foods and liked to dip into sauces. Several parents mentioned they gave their children baby carrots, cut up celery, or broccoli to dip in ranch dressing. Parents focused on the nutrition of the vegetable and dismissed the fat in the ranch dressing feeling that at least the child ate something healthy. Peanut butter and cheese spread were other favorite foods for dipping or stuffing celery. Parents have the best control over snacks when children are young but this is vastly reduced as children get older and can bring snack foods into the home themselves. In several instances, parents bought foods for themselves such as M & Ms, chips, soda. Children received 2-3 snacks a day when they were small and at home. Several parents were concerned about the emphasis in school on bringing snacks or the availability of high-fat, high-caloric foods in schools. School-age children would sometimes get a mid-morning, mid-afternoon, after school, and after dinner snack. Most parents said they could reduce their child to 2 snacks a day at home (as recommended by the American Academy of Pediatrics ((AAP)) but they did not have control outside of the home.

Pertinent comments were:

“I try to do healthy even if I make popcorn. When they were little it was easy now that they are older they want cake.”

“I have a bag of M & Ms that I hide. If they want a snack they get yogurt.”

“I give fruit. If they want something like brownies or cake they have to make it. I do not make it.”

“Teenagers like granola bars, pop tarts, fruit. Now the four year old I can sway her. I still have leverage. When you shop you see a lot of bright things or free prizes to buy. The television is a big influence.”

“ My kids have a fruit roll-up and candy after dinner.”

“When my kids were younger they did the right things now they are older and

they are doing the wrong things.”

“My kids are really not snack eaters.”

“My little girl only eats snacks. I couldn’t say no.”

“If it is there they get it you can’t tell them they can’t have it.”

“Mine will bug me until they get it. They are so hungry.”

4. Eating Something versus Eating Healthy

Parents wanted to give their children healthier food. However, because of the “guilt factor” when they were probed about this it was evident that they wanted their children to eat something. There was a lot of waffling and guilt if a child did not eat something. They wanted to do better for their children than their parents did for them. Some parents said that they followed this idea at home but if their child did not eat his dinner he/she would get the same thing for breakfast or not receive any food until the next meal. The majority of parents could not bring themselves to do this. They would end up giving the child something to eat that he/she liked even though this might be preceded by the parent becoming upset during the meal when the child would not eat. It was very distressful to parents to actively refuse to give some kind of food to their child so they “at least had eaten something”. Many would give a larger evening snack or fix something different for their child if they knew they were serving something the child would not like at dinner. One parent indicated that his/her child had a shelf in the refrigerator for his/her daughter. She could take foods from the shelf such as apples to eat if she did not eat what was served. Some parents offered bribes of food the child to get the child to eat more nutritious foods.

Parents related:

“It is more important to provide something that is good.”

“ I think it is more important to get them to eat something.”

“I make her eat it to get what she wants. If you don’t eat it you don’t get a snack.”

“I would never force. If my kids don’t eat it then I offer the same dish again and they don’t eat it then they don’t get anything else. I don’t eat that healthy. I need to set the example if I can’t set it they can’t do it. If I put the food away the kitchen is closed.”

“Sometimes I make a one pot dinner like stuffed peppers or cabbage which you can’t expect a kid to go for. I’ll put some in front of her to see if she’ll go for it but I’ll usually put out something for her that she likes.”

“If my child does not eat his vegetables then my child has to eat it or he does not get a second roll or anything else. He does not care for healthy things. It is hard with him but I would say healthy.”

“I let my little girl go hungry. I am not going to make her eat something if she doesn’t want it.”

“Anything is better than nothing.”

“You have to eat something but it must be an acceptable choice.”

5. Routine

Overall, parents felt that developing a routine was good for their children. Some parents of older children indicated they could not function without some kind of regular schedule because of all the school and extracurricular activities. Routine meant that they had a set time for dinner. Others expressed the difficulty in trying to do this because of the chaos in practice schedules and activities their children were involved in. Many parents with younger children said they had developed a routine or were trying. A few parents with small children said establishing a routine was very difficult or something that was not relevant. One related that her only routine was in getting up in the morning and that lunch “is sometime after snack” and “dinner is sometime after nap”.

Preplanning occurred in a variety of ways. Some parents planned the whole week in advance deciding on their own or with their spouse what would be served while others decided on the basis of individual requests or likes of all family members. The contribution of family members was evident in the families with older children. Preplanning meant taking something out of the freezer in the morning or just before dinner for the majority of participants. There were no other in-house caretakers influencing preplanning except grandmothers who sometimes made dinner. Although some parents had caretakers for their children on a part-time basis, these seemed outside the home. One parent mentioned she did not do much preplanning. The participant shopped four times a week for food but she had one child, stayed at home, and liked grocery shopping.

When nothing was taken out of the freezer in the morning or the spouse cooking did not feel like making a meal, families were motivated to order out or go out for fast food. These were times when parents were more prone to let their children have whatever they wanted. Sometimes parents had one night a week when the kids could make their choice for dinner. One father talked about having a “fend night” about once a week when the parents made whatever they wanted for themselves or cleaned out leftovers in the refrigerator and fixed the kids whatever they requested. This usually occurred when the parent couldn’t decide what to make. Participants in the groups estimated they preplanned 50-100 percent of the time.

Relevant comments:

“ Routine is a way of life it teaches them not to have a dysfunctional family. Routine is part of life. We have to set a routine. Sometimes it is chaotic but that is the way we have to have it.”

“I am not good with routines. I have three little ones and I am pregnant. They are like wild animals. Sometimes they are wild animals. I try but I am not organized.”

“We are on a routine or it bothers me. It has to be this way or I get upset.”

When they get to teenagers things get chaotic. I think this is because they get so busy. When they were littler they were easy to keep on a routine. I think they like the routine.”

“We don’t have one [routine]. We are thinking about home schooling so we will probably stay loose.”

“At times you fall off the routine, but you gotta get back on if you are going to get everyone taken care of.”

“I am organized but not planned. Dinner is never exactly at 6PM.”

“Sometimes I try to plan out for the week. Generally, I follow this but sometimes I get out of the mood. Most of the time I stick with it.”

“For me preplanning is telling them what we are going to eat and then they have hours to get used to it. If they don’t genuinely like it then I will make them something else because I don’t want to have to deal with it later and have to clean up later.”

“Enforcer. I set the example and decide what is served.”

“Dinner time is the only time when we sit down together.”

“We do a lot of waffles and then I eat something different when my husband travels.”

“I can’t schedule them. I do not have time. The only routine we have is when we wake up and go to bed.”

“At night we have homework, I have to cook, we have activities to go to, and bedtime.”

“I tried that [preplanning] but it does not work. I tried to plan meals but I just don’t do it.”

“It [preplanning] does not work for me I live in true craziness.”

“When you cannot take something out of the freezer you make tuna casserole.”

“I take a lunch break and come home from work or take something out of the freezer in the morning.”

“I can make a big pot of something that lasts for two days that is my preplanning.”

“It has to be a dual thing. When I am at work my wife is not as concerned about healthy foods. She finds it more difficult to deal with the kids and will run up and get fast food.”

"We always try to sit down and plan the meals for that week but that does not always work."

6. Benefits of Routine

Developing a routine for mealtimes and family life was considered a benefit in most families. Parents mentioned that they had better, more relaxed meals, children were happier, and their children got hungry at a regular time when on a schedule. Participants felt more complete and happy with their job as parent when the family was on a routine. Many felt this was hard to establish depending on work schedules and when children got older and were in many activities.

Parents were very cognizant of giving up personal time for their family. They mentioned that this would not be forever but missed sometime for themselves. All needed to rejuvenate, exercise, or find some personal time so they could be a better parent. This opinion was particularly evident in the traditional groups where there were young children. Some alluded to the need for stress relief (Zoloft).

Participants responded:

"I think children like routine."

"I wanted to bring my Zoloft. I only take it in the summer when my kids (6) are home."

"I tried to get a job giving out Prozac."

"I used to exercise but now I have no time. I can't wait till he gets older."

"I have been a stay-at-home mom for 20 years. It was real important to me. It's my whole world and I feel love."

"I feel like Cinderella. I need a night out."

"My kids ask me why I have date night with daddy. I tell them so I can be a better mom to you."

"You give up a lot of your life."

"There are some things I buy for myself sushi, mango, guava juices. They better not eat these."

"There is no time for me."

"If I get to watch the news it is a luxury. If the TV is on my kids say it is my show mama."

"I have given up my social life."

"Just to be able to get in the van and not have to strap anyone in is wonderful."

“If I knew I could do something for myself once in the week. I could make it through the week.”

“I always have a book for reading.”

“Being with friends.”

“My work outside my home is my escape.”

7. Impact of Television

TV during meals

The TV is often turned on in homes during snacks, breakfast, and lunch. Some parents of school age children indicated they no longer allowed their children to watch TV during breakfast because they never got ready for school on time or watched the TV and did not eat their breakfast. Most parents had the TV turned off during dinner.

Time Children Spend Watching Television and Limiting TV

A few parents said their TV is turned on all the time in their homes. Although most parents did not think they had the TV on all day, they were not aware of how much time it was actually playing (almost like “white noise”). A number of parents thought their little ones probably saw 2-3 hours of TV a day but some parents said 4-5 hours a day. Many said it would not be difficult to limit their child’s time in front of the TV or playing video games as recommended by the AAP especially parents of young children. However, parents of school age children thought they could do this during the week because of homework and activities but that their children tended to watch a lot more television on weekends and that would be a problem to control. Many parents said their children had certain television programs they watched everyday but they thought this was not more than a couple of hours. A lot of the parents in the groups used TV as a babysitter to give them a little time for themselves and that the television helped to keep their children’s attention while they relaxed.

Television in Children’s Bedrooms

As children became older both the parents and their children often wanted to watch their own TV programs. As a result, they purchased a TV for their child’s bedroom. In some cases, parents had TVs in all the children’s bedrooms to avoid fights. One 3 year old African American child had a TV in his/her bedroom.

Parents did not know if their younger children watched TV in the bedrooms of older siblings. Some said they did not think their younger children watched the older children’s TVs. They thought the younger children played with the older children’s toys. However, they were not sure that this was actually the situation. Several parents had removed the television from their children’s bedrooms because of low grades or to discipline the child but the television always went back because of the problems created by taking this action. Parents indicated that they could remove the TV from their children’s room but commitment to this suggestion was not overwhelming.

Parents responded:

“I can limit television. My daughter’s thing is the telephone!”

“My son watches maybe five hours a day.”

“All of my children have TVs in their rooms so they do not fight.”

“It would be worth it to cut to 2 hours a day because I was a TV child.”

“When I am home now I am with the baby and my son watches about 3 hours a day of TV. It helps my life.”

“I can do this [AAP recommendation]. TV is on but I don’t think they are watching. My little girls like puzzles.”

“My favorite channel is the off channel. They would watch the test pattern if I would let them.”

“My son takes food upstairs. I removed the TV and VCR for one month but it did not make any difference.”

“My son eats in front of the television all the time.”

“Television keeps me company. TV is not an issue for my little girl.”

“My 4 children have TVs in their bedrooms. My 4 year old can watch after her bath. In winter they watch a lot more.”

“I don’t think mine see more than 2 hours a day during the week but on the weekend they see a lot more and I don’t know. No I could not.[cut TV hours]”

“Yes, I could [remove TV from bedroom] but I’d have to watch the cartoons.”

“I could do it. We took the TV out of my son’s room but it went back. Then we got TVs in both of our children’s rooms so they would not fight.”

“If they watch what my older one watches this would be no problem because I monitor so much.”

“It would not interest me to limit TV because for me it is pacifying. The kids love TV.”

“My kids are always together. My daughter is always in my son’s room.”

“We are TV happy. We have them all over the house except for the bathroom. When my husband comes home he wants everybody watching TV together.”

“Too much even when they clean their rooms they watch TV.”

“Mine watch TV mostly at night and on weekends.”

“I am not sure how much my daughter watches TV at the babysitter. I think maybe at dinner time is the only time she does not have TV.”

“I think my son watches at day care.”

“We could do it [remove TV from bedroom] but they would protest because that is where their video game is. I don’t think it is a problem during the school year. In summer it may be a problem.”

8. Making Family Meals Healthier

Parents felt that it was their responsibility to eat what they asked their children to eat and that it would not be fair to do otherwise. They identified this with their role as being parents. Some said they would not prepare vegetables they did not like themselves because they did not want to eat these foods. One parent said she does not like certain fruits but her child does so she serves these to her child. Some identified foods they buy for themselves.

Relevant comments:

“I drink pop but do not allow my kids to have it.”

“Everybody has to do it or it would not be fair.”

“If I eat more fruit they are going to eat more fruit.”

“I don’t like watermelon but my kids do and they eat it. I don’t like grapefruit but my daughter does.”

“My husband is a health nut and he loves healthy. He eats things I cannot imagine so do my children but I do not.”

“My kids get away with chips for snack when my husband is home but not me. I buy better than my mom does. I do not bring home HoHos or Twinkies. My husband’s family tends to eat a lot.”

“Vegetables are more difficult to get them to eat.”

E. Evaluation of Picky Eater Tip Sheet

Overall Impression

Parents read the tip sheet and felt that generally it provides good information and would improve awareness of healthy eating. Some commented on the title and said that this is not news to parents that the sheet is a reminder but parents already know these things.

Parent Decide

Most parents agreed with the guidelines that parents should decide “what is served” and “when food is served”. They felt this is their role as a parent.

Children Decide

Many parents disagreed with the responsibilities given to children in deciding “whether or not to eat” and “how much to eat”. Most parents thought their 3-7 year old children were not mature enough to make these decisions. A few participants did say they agreed with the “how much to eat” guideline because they felt their child knew when to stop eating intuitively. This viewpoint was expressed in a few groups. Others thought this would be a convenient way for children to not eat what they did not like. Some parents said that children go through phases and the child will probably begin eating these foods again soon. Some said to accept this guideline they would have to give up worrying about their child going to bed without food or the difficulty in throwing out food.

Most parents felt it was their role to serve nutritious food and the role of the child to eat what they served. Additionally, they pointed out that food is expensive and if they spent their time fixing food their child was going to eat it. One parent related that if her children did not eat something and they came back within an hour they must eat their dinner and nothing else. If they came back later wanting a snack they did not get it. Another said that if they did not eat dinner she would serve it as breakfast.

Other Sections

With regard to the other sections of the Picky Eater Tip Sheet, many parents reiterated that the section on Routine is good and that parents need to establish a routine even though it may be difficult.

They were somewhat skeptical of the Learn To Trust Your Child Section about believing a child when he/she says “I’m full.”

They tended to agree with the Sound Familiar? Here are some suggestions....Section although one parent said she would not want to limit her child’s choices as indicated on the sheet. Another indicated that a lot of people do not know what child size portions are and this would be good to include.

In the In the Kitchen Section one participant was definite that she would not let her 4 year old cut vegetables with a scissors. Another said she lets her children work with her in the kitchen and they love to do this. Still another parent said when her child stirs the meal as it cooks he thinks it is the best food ever.

Tips from Parents to Parents:

- Let your child prepare own plate
- Forget about rewards- they become the norm
- Schedule important
- Disguise vegetables in other foods- pancakes, spaghetti, etc.
- Give children finger foods- celery, carrots, broccoli, and let them dip
- Don’t make sugar drinks available
- Give frozen vegetables and fruits
- Try new things- wonderful white corn
- Freeze yogurts for snack
- Cook a different way so they will eat
- Have Fruit sitting out

- Recipes
- Get child involved in cooking
- Make homemade foods
- Prepare smoothies with yogurt, juice, and bananas or other fruits
- Use cookie cutter to make different shaped sandwiches
- Use a crock-pot for meals that are easy and quick
- Make a file of recipes that everyone likes
- Take time away for yourself
- Give information about the size of children's portions.

Pertinent comments:

"Quit trying to tell child to eat. Sometimes when I leave her alone she will eat the food."

"People might read this and forget about it. It's good information but all of a sudden you are going on with your life and nothing has changed."

"The schedule thing here. I don't know life is hectic."

"I would put something in to scare people. Like it has been shown that 4 out of 5 children that watch TV 4 hours a day are overweight."

"I totally agree with letting them decide to eat it or not. I agree about not hooking desert to eating what's on the plate."

"We strive for this but it is not realistic."

"Depends on the age of the child. For first child you want to do everything right. With others you do what you can. You relax with the other children more."

"Some people need to know that it not abuse if your child misses one meal. I had the school nurse call me because my son told her he ate cake for breakfast. We never do this. He just wanted attention. I think is good because some people do not know that it is OK to go one meal without eating."

"These suggestions are great but it does not always stay. I always read these things but it is common sense. In a perfect world you would do everything but sometimes it just isn't happening."

"I do not agree that they decide when and how much to eat. It is my job to do this."

"Believe your child when they say they are full! This is not true."

"I agree that you should not offer to make something for your child."

"If I know she will not eat what I make then I make a special meal for her."

"I agree. I fix the food if she says she does not want to eat dinner that is fine"

but she does not get anything else. No child will starve.”

“To accept this guideline[child decides how much and when to eat] I would have to give up the worry about her going to bed without food.”

“I would have to give up the notion of throwing away food. You have to eat some bits of this and that I could not do this because I am not going to do this.”

“I put small portions on my little girl’s plate so she should be able to eat the food. She does not get to choose that she will not eat.”

“Some younger children go through stages and they will not eat. I had to deal with it. I knew it but I just let them come out of it.”

“I would not want to limit their choices.”

“I would not let my four year old cut something with a scissors.”

“I don’t agree with this. I serve what is good for you. You do not have a choice to eat or not. You are going to eat what I make.”

“I want them to eat. I want to make sure they have something.”

“They have to eat. I will not let them not eat. If they do not eat there is nothing else they are going to eat.”

“Why is the title Great News for Parents? It should be reminders. I already know this but it makes me think about it again.”

“Magic wand is that you miss out on something that you want if you do not eat.”

“I sometimes get mad because I want them to eat the food. Then I compromise and give him something that he wants to eat.”

III. Summary

Overall

In general, the parents attending these groups wanted their children to develop healthy eating habits. They, also, were strongly aware of their role in selecting and serving healthy meals. However, a number of factors hindered them from totally achieving this goal. For example, the stress of working and/or caring for children made parents tired. This sometimes influenced them to make whatever their children wanted for dinner or go out for fast food instead of serving a more healthy menu. Food costs were an issue especially when children did not eat the food served. The chaos of daily family life often deterred parents from making healthy meals because of the hectic schedules of their children or their own work. Perhaps, of greatest impact was the fact that the effects of eating an unhealthy diet do not manifest themselves immediately and were not viewed as a family crisis in comparison to more seemingly urgent family problems that require quick action to resolve.

First time parents were very concerned about having their children eat nutritional meals and often concentrated on developing creative ways to achieve this. They had significant control over young children at home and more success in getting them to eat nutritious foods. However as the number of children in families increased, parents became more relaxed in their rules. They were more confident in their role. They had to deal with the problems associated with mealtimes (hectic schedules and the food desires of older children). As children got older circumstances changed and healthy foods eaten at home decreased because (1) the child decided not to eat the food, (2) the influence of a sibling who did not like the food, (3) the dislike for the color, look or taste of the food, (4) television and (5) snacks. As a result, many parents reached a point where they tried to make what family members would eat, not necessarily the most healthy meals, and the nutritional needs of their young children were more in the background. There were some who felt they had been able to instill healthy eating habits in their older children but the majority of participants did not share this viewpoint. In addition, outside influences had a tremendous effect on food choices when children entered school where many less nutritious foods were available. These influences escalated as the child became a teenager.

One of the most important themes surfacing from the focus groups was *if you did not buy the food and bring it home your children could not eat it*. Therefore, they would have to eat healthy food at home. However, previous grocery shopping habits and/or the desire for chips, soda, and candy by parents many times diminished their carrying out this aim. The importance of high-caloric, high-fat or high-sugar foods was poignantly apparent when parents were asked what would make them stop buying and bringing these foods home. Many indicated there would have to be some extreme reason such as a serious health problem (for themselves or their child) or the product was removed from the market.

Below is a summary of specific issues explored in the focus groups.

Who Decides

Parents decided what food would be served but many times bought foods that were not necessarily nutritious.

Content of Meals

Parents wanted to give their children more fruits, vegetables, and water but had limited success unless they disguised the vegetables in dips, sauces, potpies, or other foods. They found they needed to provide creative ways to get their children to drink water like diluting juice or using a different kind of dispenser for the water. Unwanted foods parents would like to remove from their children's diets included all the high-fat, high caloric kinds of items salty foods, candy, and sugar drinks. Interestingly, parents said they would not stop buying these foods unless they were told they had to by a doctor or the company quite making the product.

Snacks

Children had snacks varying from 2-4 per day. Examples of snacks were fruit roll-ups, yogurt, crackers and cheese, cheetos, gold fish, candy, fruits, vegetables for dipping. Many parents said they could reduce snacks to two a day (in accordance with the AAP) but they could not control snacking in school age children or older children. Snack eating was a particular problem because of the number of unhealthy foods eaten and in some cases the number of snacks. Even more healthy foods like vegetables were often dipped into fat laden foods like ranch dressing or peanut butter, or Cheese Whiz. Deserts are another area where high calorie food is eaten. Some children have desert every night which may be a fruit or at the other end of the spectrum a big bowl of ice cream with toppings (the participant said her husband is diabetic and he has a small bowl but her children have large bowls).

Eating Something versus Eating Healthy

Parents wanted their children to eat healthy foods but when probed about this it was more important to many participants to give their children something than nothing if they would not eat healthy. There was a "guilt factor." Parents needed to feel that their child at least had something in their stomachs. There were a few participants who said if their children did not eat what they fixed they had to wait until the next morning but most parents did not want their children to go to bed hungry.

Routine

Routines were viewed positively. They made a happier, healthier, and more relaxed family. Parents had had varying degrees of success in achieving a routine. Some parents were very programmed while others at the other end of the spectrum had none. Breakfast and lunch meal times were less of a concern for a routine because usually just the mother and pre-school children were involved but at dinner time everyone was involved and better organization was necessary.

Parents thought they preplanned meals 50-100% of the time. The amount of preplanning depended on the whether meals for the week or parents took out something in the morning for dinner that night, the time to cook it, and the mood of the person cooking. If parents did not preplan families often had fast food. Preplanning usually meant taking something out of the freezer in the morning.

Benefit of Routine

Parents felt that routines were a benefit to family life. Participants realized they had to give up many things to be a parent. A large number said they needed some time for themselves which they did not have at this time. Almost all of the parents in groups felt that a routine was beneficial to the whole family and many have done this or are trying. It was very noticeable that parents of young children were tired, feeling the difficulties associated with parenting, and the need to have some personal time.

Television

Parents said that their children did not watch television at dinnertime in most cases. However, many did watch at breakfast, lunch, and snack. Some children were restricted from eating in front of the television for breakfast because they either did not get ready for school on time or they did not eat their breakfast. Parents estimated that children watched 2-5 hours/day. Parents of younger children were not opposed to the 2 hour or less recommendation of the AAP for younger children. However, children with televisions in their rooms watched programs or played video games at night or on weekends. This was considered a more difficult problem to control. Parents shied away from limiting television in bedrooms for children because many wanted to watch their own television programs without the kiddy shows and video games.

New Foods

Parents felt that if they introduced new healthy foods at meals for their children that they had to eat the food themselves. However, foods introduced had to be foods the parent wanted to eat.

Evaluation of the Picky Eater Tip Sheet

Overall Impression

Participants evaluated the Picky Eater Tip Sheet and agreed that the information was a good reminder but nothing terribly new. The title should be changed in accordance with this. Several parents expressed that the information presented was a good goal but real life is often different.

Parents Decide

Parents were positive about the guideline which advised parents to decide what was served in their homes and when it would be served. They felt this was part of their role as a parent.

Children Decide

Many parents did not agree with the responsibility given to children to decide if they would eat a food and how much they would eat. There were a lot of objections to this advice. As a result it, seems questionable that these parents will ever accept the child decides section of the tip sheet because (1) the time, money, and thought they put into meals, (2) the feeling that children are not mature enough to make decisions about what and how much they eat, (3) lack of knowledge and perhaps believability of the research, and (4) the “guilt factor” that parents share.

Other Sections

A few suggestions were given (1) add information on child size portions, (2) ideas for snacks, and (3) recipes that would be healthy and easy.

Differences Between Groups

It is difficult to find many differences between the groups. All were concerned parents. Men were very much willing to talk about their home situation. Because men are less invested in the homemaker role than women they may have been more honest than women about actual home situations.

Ethnically, there did not seem to be any major differences. There was a difference in the kind of foods served soul foods (AA) versus non-soul foods ©. More was mentioned about cooking fried foods in the African American groups although the Caucasian groups may just not have wanted this. When considering the Tip Sheet, the African American groups were more concerned about the Children Decide section because they felt their child was not mature enough to determine how much and when to eat. Although this was also important in the Caucasian groups, there were a number of participants who said they thought their children could self-determine how much to eat.

Parents in both the traditional and blended groups had somewhat of a different focus. Those in the traditional groups were more concerned about healthy foods and young children. Parents in the blended groups or traditional groups where there were older and younger children were still concerned about healthy foods but had a lot of additional things they were impacted by the food preferences of teenagers, the schedules of older children, televisions in children's bedrooms, working, etc. As a result, healthy foods for the younger child often became a less prominent issue.

Suggestions for CDC

Based on the groups several things are apparent:

1. Parents were concerned about good nutrition but not to the point of actively changing their behavior or food buying patterns. The concern about childhood obesity needs to be raised in the US whether by grocery store campaigns, PSAs, articles in parents magazines, etc. If this intervention is going to be conducted in doctors offices information on the medical and psychological problems that children with this condition must deal with now and in the future should be provided to help motivate parents. Parents don't feel that this problem is a crisis for them. They don't fully appreciate the tragic consequences that can impact their children and that being overweight really is a crisis for their children. Another problem is that many of the parents in the groups were overweight themselves. This probably made it more difficult for these parents to admit what a problem childhood obesity was for them. Also, the eating behaviors these parents have are difficult to change and many times passed on generation to generation. Any intervention has to be focused not only on the parents but the children themselves must be involved to take responsibility for doing something about the problem, to learn the significance of the disease, and how they can help themselves now and in the future.
2. One of the key points that parents kept bringing up was that if you do not buy the food your children cannot eat it. This would help their children because the temptation to eat junk food would be removed at home. However, parents many times valued the junk food as a comfort for themselves. They often thought they could keep it for themselves away from their children. If parents stopped buying these foods it would reduce the unhealthy foods available to young children and improve the nutrition for the parents.

3. Parents need to do better preplanning. This has to be a priority. If parents did not preplan they ended up serving much less healthy meals to their families and were more prone to giving children junk or fast foods. This should definitely be a part of any intervention offered to parents. Weekly planning is the best and alleviates having to make decisions in the morning when time is short and many other things take the attention of parents. Also this is very important for buying food for meals as well as snack foods. Thinking ahead is absolutely key to success.
4. Parents need to refocus on the food quality of meals for their younger children. The needs of these children are often lost in the hectic life of families where the emphasis shifts to older children.
5. Reduce snacks and unhealthy foods that are available at home. Some children ate 3 or 4 snacks a day plus 3 meals. Sometimes snacks are healthy but many times they are not. Preplanning could help in making conscious decisions about snacks that would be healthier. A contributing factor to less healthy foods in the home is the food preferences of parents for chips, soda, and candy. Reducing the presence of these foods would be healthier for children and parents, however, the parental desire to buy these foods seemed very strong and the possibility of reducing their presence in the home did not seem likely.
6. Television cuts down the opportunity for communication between parents and children and also makes the child inactive. Parents need to realize the potential future health problems this may cause for their child and actively limit television. Unfortunately, many parents are as addicted to television as their children and want to watch their own programs or use the TV as a baby sitter and many provide a television in the child's bedroom.
7. Tip Sheet "Great News for Picky Eaters"
 - a. Change the name of the tip sheet Great News for Picky Eaters. Parents already knew this information. Perhaps call it "Great Reminders for Parents of Picky Eaters".
 - b. Many parents did not buy into the Child Decide guideline and need to learn more about this guideline- how was it determined, what are the data.
 - c. Parents thought it was important to add information on child size portions.
 - d. One parent suggested to add an example to get the attention of parents. Something that will wake people up.
 - e. Parents thought a schedule was important but everyday life often interferes with this.
 - f. Add pertinent suggestions from the focus groups- recipes, menus, snack tips, portion sizes, etc.

The information in the Tip Sheet was considered good but most parents said they forget about these suggestions after reading them and go back to their regular life. This project will require parents and physicians to work closely. The doctor will need to build a relationship with the parent and child, provide reinforcement of information, personal contact on a continued basis, perhaps a support group, and significant follow-up. If the children themselves become educated about childhood obesity perhaps this will help to prevent the problem in the future for them and when they have their own children.

Appendix I

Parenting Skills and Childhood Obesity

PROTOCOL

Oak Ridge Institute for Science and Education

Version: 30 October 2001

Background

The latest findings from the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey show that more and more children and teens are overweight. Overweight children are at risk for cardiovascular diseases, diabetes, and other serious health problems. The Division of Nutrition and Physical Activity (DNPA), within the CDC's National Center for Chronic Disease Prevention and Health Promotion, develops and evaluates effective interventions to mitigate modifiable risk factors for selected chronic diseases.

The Oak Ridge Institute for Science and Education provides technical assistance to DNPA. DNPA has requested assistance in designing and conducting formative and process research, the results of which will be used to develop culturally-sensitive and effective teaching tools to improve parenting skills with regard to child feeding practices and active play. The tools, videotape and tip-sheets, are meant to assist pediatricians to reach parents with messages on parenting, child feeding, healthy eating practices and active play.

Focus groups will be conducted at two points in the process of developing the videotape: (1) pre-test; and (2) rough cut test. This protocol describes the methods to be used in performing the research.

Testing Procedures

Data are to be collected by means of focus groups. That is, 5-6 people who are selected as being in the target audience will be gathered at a facility. There a moderator will lead a discussion based on a series of questions and activities designed to elicit discussion of the subject of interest. Six people are to be recruited for each group, according to the criteria described below, with anticipated participation by a minimum of five people. No participants are to have participated in a focus group within the previous six months. New participants will be recruited for each phase of data collection.

The Moderator's Guide for the Pre-Test is in preparation and will be attached to a subsequent version of this protocol when it becomes available. Moderator Guides for the rough-cut will be based in part on the results of earlier phases and resultant products; thus it will be developed near the time of testing for this phase.

Groups are to be held at a standard market-research facility designed for such activities. Sessions will be recorded (audio only), and observers from ORISE and DNPA are likely to be present. Standard features such as cash incentives and refreshments will be provided.

All participants will be parents of at least one child 3-7 years of age. Only one parent from each family will participate in a group. That parent will, as reported by the prospective participants, be active in selecting and purchasing food for the child to eat.

Group composition is to be organized as described in Table 1, below.

Table 1. Composition of Focus Groups

City	Ethnicity	Gender	Family Type
Philadelphia, PA	African-American	Female	Traditional
	African-American	Female	Blended
	African-American	Male	Traditional
	Caucasian-American	Female	Traditional
Kansas City, MO	Caucasian-American	Female	Traditional
	Caucasian-American	Female	Blended
	Caucasian-American	Male	Traditional
	African-American	Female	Traditional

Thus there will be: four groups in Philadelphia and four in Kansas City; four groups comprised of African-Americans and four of Caucasian-Americans; six groups of females and 2 groups of males; and six groups comprised of parents from “traditional” families and two groups from “blended” families. “Traditional” families are operationally defined as related groups having: a parent of each gender; and no children older than 12 years of age. For the purposes of this study, “blended families will be those groups where: at least one parent is in their second (or more) marriage; and there is at least one child from a previous marriage for one of the parents who is 13-18 years of age. Recall that all participants must have at least one child between three and seven years old. See Screening Questionnaire, attached.

Ideally the two groups in a particular city will occur on consecutive evenings (5:30-7:30 p.m. and 7:30-9:30 p.m.) and groups in the other city occurring on the next two evenings at the same times. The order in which the cities are done, and the order of groups within a city, are not experimental issues, and can be determined by the availability of facilities and other logistical considerations.

Before they can participate, all participants will be required to sign a form indicating informed consent and describing their rights as a subject and the confidentiality of the data (see Confidentiality Agreement, attached).

In handling data and records, ORISE will:

- Maintain no identifiers connecting any data collected to any particular participant, neither will it provide any personal identifiers to DNPA; firms which conduct recruiting and host the sessions will be required to assign a random digital code to each participant’s information, and keep the key to the code; ORISE will receive only information with the digital code, and not the key.
- Retain the confidentiality agreements, one set of audiotapes, and at least one copy of any reports it produces.
- Develop a top-line report summarizing the responses provided by participants; the report will contain no personal identifiers, that is, information sufficient to determine the identity of any participants (e.g. first and last name, address).
- Deliver the top-line report, one set of audio tapes to DNPA.
- Not deliver to DNPA any personal identifiers of participants.

As currently planned, the phases will occur as follows:

- Pre-test: week of 26-30 November 2001;
- Roughcut Test: mid-February 2002.

Appendix II

Oak Ridge Institute for Science and Education
Parenting Skills and Childhood Obesity

Screening Questionnaire

Date _____ Call Start _____ Call End _____ Interviewer _____

Name of Respondent _____

Address _____

Telephone: (H) _____ (O) _____ (F) _____

Hello, my name is _____ and I am working with the Centers for Disease Control, a public health agency in Atlanta, to evaluate a new health information resource for parents and would appreciate your opinions. We are not selling anything and will only take a few minutes of your time. All information that you share will be kept confidential.

City: () Philadelphia () Kansas City

Male _____ Female _____

1. Do you have at least one child in your household between 3 and 7 years old?

YES () Continue
NO () Thank person and discontinue call

2. Are there two parents in your household?

YES () Continue
NO () Thank person and discontinue call

3. Are both parents in the household in their first marriage or is one or both in a second marriage?

BOTH IN FIRST () Go to Question 4
ONE/BOTH IN SECOND () Go to Question 5

4. Are any of the children in the household over 12 years old?

- YES () Thank person and discontinue
- NO () Go to Question 6

5. Is there a child in the household between 12 and 18 years old from a previous marriage by you or your spouse?

- YES () Continue
- NO () Thank person and discontinue

6. On a scale of 1 to 4, how would you describe your role in determining what your children eat?

- 1 = not involved at all
- 4 = the main person in the household who does shopping, decides on meals, provides snacks or takes children to restaurants

- () 1 Thank person and discontinue call
- () 2 Thank person and discontinue call
- () 3 Continue
- () 4 Continue

7. How would you describe your ethnic background or decent?

- African American _____
- Caucasian-American _____
- Other _____ Thank person and discontinue call

8. Which of the following best describes your age?

- 18-24 ()
- 25-34 ()
- 35-44 ()
- 45-54 ()
- 55-64 ()

9. What is the highest grade in school that you have completed?

10. Which best describes the annual income for your household?

- \$0-\$35,000 () Thank person and discontinue call
- \$35,001-\$60,000 ()
- \$60,001+ ()

Appendix III

Centers for Disease Control and Prevention

Division of Nutrition and Physical Activity

Parenting Skills and Childhood Obesity

Discussion Guide

December 3-6, 2001

Focus Groups

Location:

December 3-4, 2001 Kansas City

December 5-6, 2001 Philadelphia

Time: 2 hours

Objectives:

1. Determine the perceptions, opinions, beliefs, and attitudes of parents regarding healthy eating practices.
2. Determine who is responsible for decisions concerning food choices in home.
3. Assess what parents are willing to do to prevent childhood obesity (change their own behavior).
4. Assess the incentives that will motivate parents to begin serving more healthy foods to their children.
5. Evaluate Picky Eater Tip Sheet.

Participant Instructions: Participants are asked by recruiters to bring in an object that symbolizes or captures who they are at this stage in their life (parents with young children). Participants are asked not to bring photos but rather something that gives an insight into how they feel about their own life.

I. Introduction- (10 min)

- A. Moderator's role
- B. Purpose- to talk about healthy foods and children
- C. Taping, confidentiality, viewers
- D. Guidelines for group
- E. Opening question- parents introduce themselves and tell the significance of item they brought to share

II. Introductory Questions (10 min)

1. What are the best things about mealtimes with your children?
Good
Bad
2. What do you think is your most important role in feeding your children?
3. a. In your family who decides what will be served at mealtime? (Decision)

Listen unaided then probe for:

Parent
Child
Teenage child
Other caregivers

- b. Is this always the situation? When does this situation change? Under what circumstances does it sometimes change?
4. a. In your family who decides when you and your child will eat fast food? (Decision) What about the case of your younger child?
b. Is this always the situation? When does this situation change? Under what circumstances does it sometimes change?

III. Exploring Family Mealtime Habits- Projective Technique (25 min)

Purpose of Exercise: To understand the needs and the drivers in the home environment at mealtime. Give a deeper understanding of how parents deal with young children.

Methodology:

1. Guided visualization- sets the scene and mood at mealtime.
2. Capture visually (sketching, doodle, writing, drawing) and describe verbally the feelings, scenes, and experiences associated with mealtimes with young children.

Areas to Explore

1. Feelings: How I feel as a parent at this stage in my life
2. Life Situation: My living conditions
3. Activities: Things I am doing
4. Topic: My feelings about food
5. Topic: My feelings about feeding my family
6. Topic: The role of dinner in family life
7. Topic: Foods typically eaten

IV. Assessing Behavior Patterns and Circumstances that Lead to Obesity in Children (55 min)

1a. How do you feel about the content of the meals your children currently eat? I am talking g about healthy foods now?

Are there foods you would add to their meals? Which healthy foods?

Are there foods you would remove from their meals? Which foods?

Listen unaided then probe for:

Fruits and vegetables
Dessert
Snacks (snack = any in-between meal eating)
Fast food
Water
Soda, fruit drinks, and other sweet drinks

- b. Have you made any healthy or unhealthy changes in foods you serve to your family over the last month or so? What were they? Why did you make them?
2. a. What ways can you think of to change the kind of meals your children eat to make them healthier? Please explain.
- b. Are there things that effect your ability to offer healthier food choices?

Listen unaided then probe for:

Fast food
Food available

- c. How many of you are soda drinkers? What would make you stop buying soda for your home?
What about chips? Would make you stop buying high-fat, high-caloric chips for your home?

If No, then what would it take for you to change your behavior and stop purchasing soda/high-fat foods and bringing them into the home?

3. Do you have snacks at home for your children? What are they? What times of the day do your children get snacks?
If your doctor suggested you plan 2 snacks a day could you do that?
1 Would you limit your child to 2 snacks a day?
2. How would you do this?
4. Do you think that it is more important 1) to provide healthy foods and beverages or 2) to make sure your child eats and/or drinks something? (Responsibility)

Listen unaided then probe for:

Level of responsibility
Feelings about the need to feed

5. What do you feel is your role in establishing a routine for your children so that they eat healthy meals and snacks served at regular times of the day? What does routine mean to you? Do you have a routine? What kind of routine?

Listen unaided then probe for:

How establish routine

Buying healthy foods
Not arguing about food at mealtimes
Television on or off during meals and snacks
Family members eating together
Making decisions about what meals will be served to your children

Do you do any preplanning for meals? What does preplanning mean to you? Can you tell me what kind of preplanning you do? Weekly, daily, hourly? What percent of the time do you preplan? Are there benefits to preplanning versus spontaneously prepared meals?

6. Do you think there are benefits to having a routine? What are the benefits? Having a routine for your children can mean that parents have to give up something from their lives. Is that true for you? If so what do you have to give up? Listen for any psychological issues and probe these?

7. a. Is the television on or off during meals or snacks? Does your child eat in front of the television during meals or snacks?

b. How much time does your child spend watching television? The American Academy of Pediatrics recommends no more than 2 hours of television a day for children. Would you be able to limit your child to 2 hours/day?
Could you limit your child to 2 hours/day?

How would you do this? Will you go home and do this?

c. Does your child have a television in his/her bedroom? Would you or could you remove the television from your child's room? Is your young child watching TV in your older child's bedroom?

8. If you wanted to make family meals even healthier would you eat more fruits and vegetables because your family was having more fruits and vegetables? How would you get the family to eat more fruits and vegetables? (Commitment to change behavior)

Listen unaided then probe for:

Drink water or skim milk instead of soda
Eat baby carrots instead of potato chips

V. Evaluation of Picky Eater Tip Sheet- (18 min)

Respondents given time to read tip sheet

1. Initial reaction- like or dislike?

2. When considering the information provided on this tip sheet do you think parents will be willing to do what is asked? For example in the sheet- parents are asked to decide 1) what food will be served and 2) when it will be served. Children are asked to decide 1) whether or not to

eat and 2) how much to eat. Is this realistic? If you really decided to do this how would you approach it as a family?

What tips would you add to this sheet?

When you say you try to follow these suggestions for awhile how do you try? How often would you like to have reinforcement to keep the change? If you have continued to use these suggestions or suggestions like these how did you

7. What new information would you like to know about a healthy diet for your 3-7 age children?

Appendix IV

Centers for Disease Control and Prevention

Parenting Skills and Childhood Obesity

Informed Consent Form

Purpose of this survey

You are being asked to participate in a survey being done by the U.S. Centers for Disease Control and Prevention, with the assistance of The Oak Ridge Institute for Science and Education. As a member of a focus group (5-6 people), you will be asked your knowledge, beliefs, and attitudes about behaviors for being children's health. You will also be asked to tell us what you think about materials designed to provide information to parents about avoiding having their children become overweight. Your answers can help us provide better information to parents about raising their children with healthy habits for eating and physical activity. The focus group meeting will be tape recorded (voice only) to be sure we get all the information.

Please read the following information. If you have any questions, please ask the person who explains the survey to you and asks you to agree to participate by signing this form.

Please remember that:

- You choose to participate.
- You are not required to answer the questions.
- This session should last about 2 hours.
- You are free to leave at any time without penalty.

Risks

The risks you take by taking part in the focus group are the same as you encounter in daily life.

Benefits

Your answers can help us provide better information to parents about raising their children with healthy eating habits.

Confidentiality

We will keep the information you give us private and confidential to the extent allowed by law. Your name will never be used in the final report. No statement you make will be linked to you by name. All records will be kept in locked files. Only members of the research staff will be allowed to look at the records. When we present this study or publish its results, your name or other facts that point to you will not show or be used.

Persons to Contact

If you have questions about this focus group, or taking part in it, you may call:

Nicole Kerr, R.D., M.P.H., Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity, Atlanta, GA 30333, 770-488-5577

If you need more information about your rights as a study participant, you may contact:

Betsy Ellis, Ph.D., Chair, Oak Ridge Site-Wide Institutional Review Board, Oak Ridge Institute for Science and Education, Oak Ridge, TN 37831-0117, 865- 576-1725

Voluntary Participation, Refusal, and Withdrawal

It is your choice to be in this group. You may leave at any time. You will not lose the money you received, or other benefits.

Participant Consent

I have read this information sheet and **choose to participate**.

_____ signature _____ date _____ time _____
print name

I have read this information sheet and **choose not to participate**.

_____ signature _____ date _____ time _____
print name

Witnessed,

_____ signature _____ date _____ time _____
print name

I, _____ signature _____ date _____ time _____
print name

have discussed the above information with the person whose name and signature appears above, and have addressed their questions to the best of my ability.

This protocol and consent form have been reviewed and approved by the Oak Ridge Site-wide Institutional Review Board (MPA 1394) for a period of up to 12 months, effective xx/xx/xxxx.